(c) whether Government are taking any action to provide relief to the patients through Thalassemia control technolgoy; developed by the Government of Italy;

(d) if so, the number of places in the country where bone marrow transplantation facility is available for the patients; and

(e) whether Government are considering the possibility of setting up a bone marrow bank, on the lines of blood banks?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) There is no Central Registry for Thalassemia patients. A limited study conducted by the Indian Council of Medical Research on a group of selected children indicated the prevalence of Thalassemia trait at an average of about 3% in the study population. This was extrapolated statistically to estimate that about 6000 to 8000 children are born every year with Thalassemia major in India if both the spouses are carries of Thalassemia trait.

(b) Control of the disease comprised of two aspects: treatment and prevention. The mainstay of treatment being repeated blood transfusion, consequent excess of iron produced in the body is removed by chelation therapy. Regarding the drugs used in the treatment of the disease, Government have exempted some of the drugs from Customs duty/Central Excise Duty.

The curative treatment is bone marrow transplant, and this facility is currently available at Chirstian Medical College, Vellore, where a centre for Advanced Research is being funded by the Indian Council of Medical Research.

Prevention of the disease by genetic counselling/pre-natal diagnosis are available in limited centres in the country.

(c) Some countries, including Itlay, have controlled this disease through genetic counselling and pre-natal diagnosis of affected foetus during pregnancy and terminating the same. In India, such facilities are available at limited centes such as the ICMR's Institue of Immunohaematology (Mumbai); Department of Genetics, AIIMS (New Delhi); Wadia Children's Hospital (Mumbai). Some more centres are in the process of being established.

(d) Bone marrow transplantation (BMT) facilities for Thalassemia major are available at Christian Medical College, Vellore.

(e) There is no such proposal under consideration of the Government at present.

New Health for all by 2000AD Project

234. SHRI AKHILESH DAS: Will the PRIME MINISTER be pleased to state:

(a) whether Government have a proposal to launch another ambitious project, Health for All by 2000A.D.;

(b) if so, what are the details in this regard; and

(c) whether the project is being launched jointly by the States, the Central Government and the local bodies?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (c) No, Sir. There is no such project. Health for All is the overall aim of the Health Policy of the country and the improvement of Health care services, particularly for the poor and disadvantaged continues to be a common objective for all those concerned with the provision of health care.

National Family Welfare Programme in Gujarat

235. SHRI AHMED PATEL: Will the PRIME MINISTER be pleased to state:

(a) whether Government are implementing the National Family Welfare Programme (NFWP) in Gujarat;

(b) if so, the annual allocations made to the State under the programme since 1993-94, till date;

(c) whether Government have assessed the achievements of the Programme in the State during the said period;

(d) if so, the details thereof;

(e) whether Government propose to increase the allocations to the State for NFWP; and

(f) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir.

(b) The allocations (in cash and in kind) made to Gujarat during the years 1993-94 to 1996-97 are as follows:

Year	Allocation (Rs. in lakh)
1993-94	6263.24
1994-95	5910.79
1995-96	5536.01
1996-97	5365.16

(c) and (d) The following indicators have been reported by the Sample Registration System for Gujarat.

Year	Crude Birth Rate (Per 1000 population)	Infant Mortality Rate (Per 1000 live births)
1993	28.0	58
1994	27.1	64
1995	26.7	62

(e) and (f) The allocations to individual States would depend on the Plan allocation of the Department of Family Welfare.

Campaign against AIDS through Private Agencies

236. PROF. RAM KAPSE: Will the PRIME MINISTER be pleased to state:

(a) whether Government have chalked out a plan for launching a very big campaign against the HIV-AIDS, through private agencies;

(b) if so, the details thereof;

(c) whether Government have undertaken a review of the earlier or current campaign against the HIV-AIDS; and

(d) if so, what are the findings of the review?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. A professional private agency has been engaged to design educational campaign materials including software for T.V. and Radio. These materials are now being used on T.V. and Radio as also for distribution to the public. The services of Times FM are also being utilised. Apart from this, private T.V. channels are being persuaded to telecast T.V. Spots on AIDS at concessional rates. The Confederation of Indian Industry (CII) have developed a comprehensive project on AIDS education at work place in industry. The Confederation of Indian Industry (CII) is now conducting these programmes in various industrial establishments. Apart from the above, various media units of the Ministry of Infromation and Broadcasting are involved in disseminating AIDS Prevention message all over the country.

(c) and (d) Periodic reviews have been undertaken from time to time regarding various aspects of the Information Education and Communication (IEC) Campaign. Studies have revealed that education campaign carried out during the past four years have succeeded in raising public awareness of HIV/AIDS. Suggestions have been received from time